



SIGN PERMIT APPLICATION

Development Services

435 Ryman Street
 Missoula, Montana 59802-4297
 406.552.6630

ZONING DISTRICT: _____

(<http://www.ci.missoula.mt.us/1529/Whats-My-Zoning>)

PERMIT #: _____

(For Internal Use Only)

NAME				PHONE NO.	ADDRESS (STREET, STATE, AND ZIP CODE)				EMAIL
BUSINESS NAME									
BUSINESS OWNER									
CONTRACTOR/INSTALLER <input type="checkbox"/> Same as Business Owner									
SIGN TYPE	OLD	NEW	CHANGE COPY	DIMENSIONS IN FT	AREA IN SF	WEIGHT IN LBS	TOP OF SIGN HEIGHT FROM GROUND	LIGHTING TYPE (ELECTRICAL PERMIT REQUIRED)	NOTES/PREVIOUS PERMIT & TAG NUMBER (IF APPLICABLE)
<input type="checkbox"/> GROUND SIGN				_____ x _____					
<input type="checkbox"/> SIDEWALK SIGN				_____ x _____					
<input type="checkbox"/> WALL/PROJECTING SIGN				_____ x _____					
<input type="checkbox"/> WALL/PROJECTING SIGN				_____ x _____					
<input type="checkbox"/> WALL/PROJECTING SIGN				_____ x _____					
<input type="checkbox"/> WALL/PROJECTING SIGN				_____ x _____					
<input type="checkbox"/> WINDOW SIGN				_____ x _____					
<input type="checkbox"/> WINDOW SIGN				_____ x _____					
<input type="checkbox"/> WINDOW SIGN				_____ x _____					
<input type="checkbox"/> WINDOW SIGN				_____ x _____					
<input type="checkbox"/> BANNER SIGN				_____ x _____					
<input type="checkbox"/>				_____ x _____					
<input type="checkbox"/>				_____ x _____					

I, the undersigned, hereby apply for a permit to erect the sign(s) described herein, and agree to conform with all regulations of City of Missoula Municipal Code and Sign Ordinance. I understand that the permit is for the sign only. Any structural, foundation, or electrical work requires a separate permit. I hereby attest that the information provided above is true and accurate; and I understand that any misrepresented or inaccurate representation of information may result in the invalidation of this permit. **This permit becomes null and void if the sign(s) authorized by this permit are not installed within 180 days from the permit's date of issuance.**

APPLICANT SIGNATURE _____ PRINTED NAME _____ BUSINESS NAME _____ BUSINESS LICENSE # _____ DATE _____

PROP OWNER/MNGR SIGNATURE _____ PRINTED NAME _____ PROP MGMT NAME (IF APPLICABLE) _____ BUSINESS LICENSE # _____ DATE _____

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CHECK LIST AND REQUIREMENTS

THE FOLLOWING CHECK LIST MAY NOT BE ALL INCLUSIVE OF EVERYTHING NEEDED TO COMPLETE THE SIGN REVIEW PROCESS. COMPLETE, SIGN, AND RETURN WITH APPLICATION.
INCOMPLETE SUBMITTALS WILL BE RETURNED UN-REVIEWED.

- | <u>N/A</u> | <u>YES</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | SIGN PERMIT APPLICATION |
| <input type="checkbox"/> | <input type="checkbox"/> | ONE (1) COPY OF SITE PLAN |
| <input type="checkbox"/> | <input type="checkbox"/> | ONE (1) COPY OF SCALED DRAWINGS AND COLORED GRAPHIC(S)/PICTURE(S) ELEVATIONS OF EACH SIGN |
| <input type="checkbox"/> | <input type="checkbox"/> | FULL/DETAILED INVENTORY OF EXISTING AND PROPOSED SIGNS |
| <input type="checkbox"/> | <input type="checkbox"/> | ONE (1) COPY OF BUILDING FLOOR PLANS (FIRST AND SECOND STORY ONLY) |
| <input type="checkbox"/> | <input type="checkbox"/> | ONE (1) COPY OF BUILDING ELEVATION(S) INDICATING LOCATION OF WALL SIGN(S) |
| <input type="checkbox"/> | <input type="checkbox"/> | DESIGN REVIEW BOARD/BOARD OF ADJUSTMENTS LETTER OF APPROVAL |
| <input type="checkbox"/> | <input type="checkbox"/> | BUSINESS LICENSE # |
| <input type="checkbox"/> | <input type="checkbox"/> | BUILDING PERMIT # |
| <input type="checkbox"/> | <input type="checkbox"/> | ELECTRICAL PERMIT # AND/OR PHOTOMETRIC DRAWING FOR ALL EXTERIOR SIGN LIGHTING -
Exterior lighting to include (may be on a separate sheet): |
| <input type="checkbox"/> | <input type="checkbox"/> | (a) Photometric drawing to include lighting layout, foot candles at property lines and regular intervals and fixture mounting height. |
| <input type="checkbox"/> | <input type="checkbox"/> | (b) Lighting fixture catalog sheets. |

SITE PLAN REQUIREMENTS

- | <u>N/A</u> | <u>YES</u> | |
|--------------------------|--------------------------|--|
| | | Please show the following on the site plan: |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. North Arrow & Names of streets and cross streets - All rights-of-way including alleys. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Clearly indicate scale used on Site Plan. (1" = 20' minimum unless pre-approved by Dev. Services Staff) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Location of access to your site (ex. Driveways, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Existing public right-of-ways & easements: access, utility, etc. - include location and size. Nothing is permitted in public right-of-ways & easements. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Visibility Obstruction Triangle(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Boundaries and dimensions of property and property corners identified on site. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Locations of existing and proposed ground sign(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Distance from property line to proposed ground sign(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Property frontage dimensions |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Locations of existing and proposed building(s) & structure(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Building frontage dimensions |

ATTEST: I hereby attest that the information submitted on this document and site plan is true and accurate.

APPLICANT SIGNATURE: _____ DATE: _____

FAILURE TO COMPLETE THIS FORM AND TO PROVIDE ALL THE REQUESTED INFORMATION WILL RESULT IN THE PERMIT APPLICATION BEING RETURNED TO THE PERMITEE FOR CORRECTION.